

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Capital Alliance Partners, LLC
was received by me on (date) _____

I personally served the summons on the individual at (place) _____

on (date) _____ ; or

I left the summons at the individual's residence or usual place of abode with (name) _____

, a person of suitable age and discretion who resides there,

on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) CT Corporation Systems, who is
designated by law to accept service of process on behalf of (name of organization)

Capital Alliance Partners, LLC on (date) 4/3/18 ; or

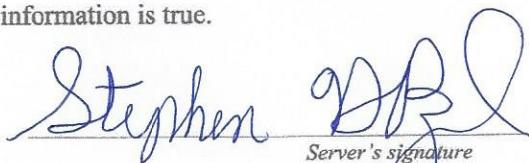
I returned the summons unexecuted because _____ ; or

Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 4/23/18


Stephen H. Byrd

Server's signature

Stephen H. Byrd, Plaintiff's Attorney

Printed name and title

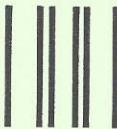
9051 Executive Park Drive
Suite 200
Knoxville, Tennessee 37923

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		CORPORATION SYSTEM X 818 West Seventh Street <input type="checkbox"/> Agent Suite 930 <input type="checkbox"/> Addressee B. Received by (Printed Name) Los Angeles, CA 90017 C. Date of Delivery APR 3 20 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <i>Capital Alliance Partners, LLC Business Filings Inc. 818 West 7th Street, Ste. 930 Los Angeles, CA 90017</i>		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Insured Mail <input type="checkbox"/> Restricted Delivery Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7017 1450 0001 6118 7456		PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
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9590 9402 2662 6336 0606 91

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

Stephen H. Byrd, Esq.
9051 Executive Park Drive
Suite 200
Knoxville, TN 37923

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